## APTA CLINICAL INSTRUCTOR EDUCATION AND CREDENTIALING PROGRAM PARTICIPANT DOSSIER

Each participant must complete this form and submit it with his/her registration form CI Credential and CEU certificates will be printed using your name as completed below

PARTICIPANT CONTACT INFORMAT	ION						
Name:							
Date of Birth:							
Mailing Address:							
City:							
State:							
Zip:							
Home Phone:							
Work Phone:							
E-Mail:							
PARTICIPANT EDUCATION/PROFESSIONAL INFORMATION							
Type of Entry-Level Degree:							
Date graduated from an accredited PT/PTA program or other entry-level discipline:			Month / Year				
Number of years as a clinician:							
Number of years supervising stu	udents:						
Highest degree earned:			Associate				
Hignest degree earned:			☐ Professional Doctorate (e.g., DPT/AuD/PharmD) ☐ Baccalaureate/Certificate ☐ Post-professional Master's ☐ Master's ☐ Post-professional Doctorate (e.g., PhD/EdD/ScD)				
Professional designation:			□PT □PTA			se specify	,
APTA membership number (ple							
	ommodation to complete this progr		☐Yes ☐No	If yes, sp	ecify:		
State(s) in which you are license	ed/registered/certified (please prov	vide a copy					
of your license for the state in w	1:1						
or your licerise for the state in w	nich you work):						
EMPLOYMENT HISTORY (PLEASE LI							
		Job E	Description		Dat	tes	
EMPLOYMENT HISTORY (PLEASE LI	IST MOST RECENT FIRST)	Job [	Description	Froi		tes To:	
EMPLOYMENT HISTORY (PLEASE LI	IST MOST RECENT FIRST)	Job [	Description	Froi Froi	m:		
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Date Date